

## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

\* 02-179

8/15/02  
8/19/02

Scott W. Reed  
Resort Aviation Services, Inc.  
401 Front Avenue  
Suite 205  
P.O. Box A  
Coeur d'Alene, ID 83816

2. Article

PS Form 3800, July 1999

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
8/26/02

C. Signature  
X *[Signature]* ☐ Agent  
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

☐ Yes

102585-00-M-0952

DOCKET NO. 02-179

ORDER DATED

8-15-02 + 8-19-02

FCC 02-179-79  
MIMEOGRAPH NO.

RETURN

FCC RECEIPT ROOM

REQUESTED

NAME: Scott W. Reed  
401 Front Avenue, Suite 205  
Coeur d'Alene, ID 83816

C. R. R. NO. 02-179

## U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

COEUR D'ALENE ID 83816

Postage	\$ 00.37
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 4.42</b>

0791

Postmark  
Here

08/23/2002

Name (Please Print Clearly) (to be completed by mailer)

Scott W. Reed  
Street, Apt. No., or PO Box No.  
401 Front Avenue, Suite 205  
City, State, ZIP+4  
Coeur d'Alene, ID 83816

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 5932